

Application Data Sheet

APPLICATION INFORMATION

Application Number::
Filing Date:: April 16, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: METHOD AND SYSTEM FOR PATCH
MANAGEMENT
Attorney Docket Number:: P2004US
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Madhu
Middle Name::
Family Name:: Kanoor
City of Residence:: Fair Lawn
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 12 Hoitsma Court
City of mailing address:: Fair Lawn
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07410

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: P.
Family Name:: Hammond
City of Residence:: Simsbury
State or Prov. of Residence:: Connecticut
Country of Residence:: US
Street of mailing address:: 88 Laurel Lane
City of mailing address:: Simsbury
State or Province of mailing address:: Connecticut
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: J.
Family Name:: Fitzgerald
City of Residence:: Franklin Lakes
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 821 Atterbury Lane
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sam
Middle Name::
Family Name:: LaGrasta
City of Residence:: North Haledon
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 6 Robinson Court
City of mailing address:: North Haledon
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07508

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dan
Middle Name::
Family Name:: Clarizio
City of Residence:: Antelope
State or Prov. of Residence:: California
Country of Residence:: US
Street of mailing address:: 5316 New Britton Circle
City of mailing address:: Antelope
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95843

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Greg
Middle Name::
Family Name:: McCullough
City of Residence:: Kinnelon
State or Prov. of Residence:: New Jersey
Country of Residence:: US
Street of mailing address:: 79 Old Cow Pasture Lane
City of mailing address:: Kinnelon
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07405

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 08968
Phone: 312-569-1000
Fax: 312-569-3000
E-mail Address: gcd@ipdocket.com

REPRESENTATIVE INFORMATION

Representative Customer Number: 08968

Representative Designation: Registration Number: Representative Name:

DOMESTIC PRIORITY INFORMATION

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	claims the benefit under	60/463,370	16 April 2003
	35 USC 119(e)		
and	claims the benefit under	60/484,260	01 July 2003
	35 USC 119(e)		

FOREIGN APPLICATION INFORMATION

Country: Application Number: Filing Date: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Novadigm, Inc.
Street of mailing address:: One International Boulevard, Suite 200
City of mailing address:: Mahwah
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07495